

Attorney Docket No.: NVID-P001166

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IN IN	THE UNITED ST	ATES PATENT	AND TRADEMA	ARK OFFICE			
I hereby certify that bearing First Class of deposit.	t this transmittal of the below de Postage and addressed to the	scribed document is beir Commissioner for Patent	ng deposited with the United is P.O. Box 1450, Alexandria	States Postal Service in an envelope VA 22313-1450, on the below date			
Date of 12/2 Deposit:	1 / 0 5 Name of Person Making the Deposit:	Julie Williams	Signature of the Person Making the Deposit:	" AHUWULLams			
In re Application	on of: Ludger Mimberg						
Application No	o.: 10/786,244		Examiner: Smith,	Tyrone			
Filed: 02/24	/04		Art Unit: 2837				
Confirmation I	No.: 2724	•					
For: FAN SP	EED CONTROLLER			•			
Commissione P.O. Box 145							
Alexandria, V	A 22313-1450	AMENDMEN <sup>-</sup>	T TRANSMITTAL				
Transmitted herewith is an amendment for this application							
i. Italis	milited herewith is an an	ienament for this a	pphoadon	•			
(17	ted herewith is a respon sheets) ted herewith are		on for the above ident				
2. Applic	ant is other than a small	entity					
		Extension	of Term	,			
3. The p	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.						
(a) [X]	[X] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)						
	Extension [ X ] one mon [ ] two month [ ] three mon [ ] four month [ ] five month	s ths is	Fee \$120.00 \$450.00 \$1,020.00 \$1,590.00 \$2,160.00 Fee \$ 120.00				
If an additiona	l extension of time is red	quired, please cons	sider this a petition the	erefor.			
(b) [ ]		e for the possibility		ever, this conditional petition is dvertently overlooked the			

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## **Fee Calculation**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)								
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total			
Total Claims	26	- 26 =	0	x \$50.00	\$0.00			
Independent Claims	3	- 3 =	0	x \$200.00	\$0.00			
Multiple Dependent Claim Fee (one or more, first added by this amendment) \$360.00								
Total Fees								

## **PAYMENT OF FEES**

- 5. The full fee due in connection with this communication is provided as follows:
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

  A duplicate copy of this authorization is enclosed.
- [ X ] A check in the amount of \$120.00
- Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer No: 45594

Respectfully submitted,

Date: 21 Dec 2005

Jefferty B) Morris